| No. 300 | FLED FEB 23 1949. | THE DIVISION OF HE | 6385 | | | |
|-----------|---|---|--|---|--|--|
| 10.40 | , | STANDARD CERTIF |) | · · · • • • • • • • • • • • • • • • • • | | |
| ا برا | BIRTH MO | REG. DIST. NO | | 0 | | |
| (R | I. PLACE OF DEATH a. COUNTY | | | t Louis | | |
| | Dr. CITY (II outside corpurate limits, write R | URAL and give c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write BURAL and give to OR TOWN Overland | ************************************** | | |
| RECORD | d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION De Paul Hospital | | d. STREET (If renal, give location) ADDRESS 9616 W. Milton | , , | | |
| 2 | 3. NAME OF a. (First) | b. (Middle) | c. (Last) 4. DATE (Month | (Day) (Year) | | |
| I | (Type or Print) John | , | Labb Jr. DEATH 2- | 4-1949 | | |
| ANEN | 5. SEX 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | CR ! TEAR 9' DHOER 2' HZS. | | |
| PERMANENT | 10a. USUAL OCCUPATION (Give kind of work- done during most of working life, even if retired) 5 tudent | 10b. KIND OF BUSINESS OR IN- DUSTRY | 11. BIRTHPLACE (State or foreign econtry) St Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? | | |
| н | 13a. FATHER'S NAME | 136. MOTHER'S MAIDEN | <u> </u> | FE | | |
| • | John Lapp | Louis Hav | · — — • | | | |
| -MAKE | 15. WAS DECEASED EVER IN U.S. ARMED (You, no. or unknown) (If you, give war or dates | FORCES? 16. SOCIAL SECURITY NO. | John Lapp Over | land, Mo | | |
| INK—] | 18. CAUSE OF DEATH | MEDICAL C | ERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH | | |
| CK | This does not mean the mode of dying, such the mode of dying, such as heart fallure, authenia, if any, giving DUE TO (b) Morbid conditions, if any, giving DUE TO (b) J-48 | | | | | |
| BIA | as heart failure, asthenia, etc. It means the dis- | iuse (a) stating | 1066 | | | |
| ING | | FICANT CONDITIONS ruling to the death but not | MODE V | | | |
| Q 7 | related to the disea | se or condition causing death. | | 100117070 | | |
| UNFADING | | | | | | |
| USING | 21a. ACCIDENT (Specify) 1 SUICIDE 1 HOMICIDE | D. PLACE OF INJURY (J.g., in or about nome, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) | (STATE) | | |
| | 21d, TIME (Month) (Day) (Year) 0 OF INJURY | Eous) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK | 21f. HOW DID INJURY OCCUR? | · - | | |
| PLAINLY | 2. I hereby certify that I attended the deceased from, 1978, to, 1941 that I last saw the deceased alive on, 1941, and that death occurred at m., from the causes and on the date stated above. | | | | | |
| | 23. SIGNATURE | The Bogges strill | 23b. ABORESS To Washington | 23c. DATE SIGNED | | |
| WRITE | 24a. BURIAL, CREMA- TION, REMOVAL (Books) 2-7- | 49 Bak Gros | Y OR CREMATORY 24d. LOCATION (City, town, or con | (State) | | |
| | DATE REC'D BY LOCAL REGISTRAR'S S | Sasaler Saler | Ortmann Funeral Home | Queiland 1/2 | | |
| | | (Licensed Embelmer's S | tatement on Reverse Side) | | | |

STATEMENT BY LICENSED EMBALMED

| I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by | | | | | | |
|---|--------|------------------------------------|--------------|--|--|--|
| • | ,,,, | Student Embalmer No. | | | | |
| working under my personal supervision. | | 0 1 | | | | |
| • | (10 | 1,00 | | | | |
| • | Signed | \sim \sim \sim \sim \sim | Mann | | | |
| Signed | Lic | ensed Embalmer No | Maun 3478 | | | |
| * Student Embalmer | | A | 0 0 1 | | | |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Student Embalmer